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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------|----------------------------------|---------------------------------------|----------------------------|-----------|----------------------------|------------------------|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |              | Application or Docket Number<br><b>10/680,473</b> | Filing Date<br><b>10/07/2003</b> | <input type="checkbox"/> To be Mailed |                            |           |                            |                        |
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | (Column 2)                                                                                                                                                                                                                    |              | SMALL ENTITY <input type="checkbox"/>             |                                  | OR                                    | OTHER THAN<br>SMALL ENTITY |           |                            |                        |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA | RATE (\$)                                         | FEES (\$)                        |                                       | RATE (\$)                  | FEES (\$) |                            |                        |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                               |                                                                                          | N/A                                                                                                                                                                                                                           | N/A          | N/A                                               |                                  |                                       | N/A                        |           |                            |                        |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                              |                                                                                          | N/A                                                                                                                                                                                                                           | N/A          | N/A                                               |                                  |                                       | N/A                        |           |                            |                        |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                         |                                                                                          | N/A                                                                                                                                                                                                                           | N/A          | N/A                                               |                                  |                                       | N/A                        |           |                            |                        |
| TOTAL CLAIMS<br>(37 CFR 1.16(l))                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | minus 20 =                                                                                                                                                                                                                    | *            | X \$ =                                            |                                  | OR                                    | X \$ =                     |           |                            |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | minus 3 =                                                                                                                                                                                                                     | *            | X \$ =                                            |                                  |                                       | X \$ =                     |           |                            |                        |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |                                                   |                                  |                                       |                            |           |                            |                        |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       | TOTAL                      | TOTAL     |                            |                        |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | (Column 2)                                                                                                                                                                                                                    |              | (Column 3)                                        |                                  | SMALL ENTITY                          |                            | OR        | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                         | <b>11/14/2006</b>                                                                        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | RATE (\$)                             | ADDITIONAL<br>FEE (\$)     |           | RATE (\$)                  | ADDITIONAL<br>FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Total (37 CFR 1.16(l))                                                                   | * 17                                                                                                                                                                                                                          | Minus        | ** 20                                             | = 0                              | X \$ =                                |                            | OR        | X \$ 50=                   | 0                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Independent (37 CFR 1.16(h))                                                             | * 3                                                                                                                                                                                                                           | Minus        | *** 3                                             | = 0                              | X \$ =                                |                            | OR        | X \$ 200=                  | 0                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  | TOTAL ADD'L<br>FEE                    |                            | OR        | TOTAL ADD'L<br>FEE         | 0                      |
| <i>8/10/07</i>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | RATE (\$)                             | ADDITIONAL<br>FEE (\$)     |           | RATE (\$)                  | ADDITIONAL<br>FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Total (37 CFR 1.16(l))                                                                   | * 8                                                                                                                                                                                                                           | Minus        | ** 20                                             | = 0                              | X \$ =                                |                            | OR        | X \$ =                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Independent (37 CFR 1.16(h))                                                             | * 6                                                                                                                                                                                                                           | Minus        | *** 3                                             | = 3                              | X \$ =                                |                            | OR        | x \$ 200=                  | 600                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  | TOTAL ADD'L<br>FEE                    |                            | OR        | TOTAL ADD'L<br>FEE         | 600                    |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |
| Legal Instrument Examiner:<br>Veronica Day-Everett                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                                                                                                                                                               |              |                                                   |                                  |                                       |                            |           |                            |                        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.